

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043374

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 384 Primary Registration District No. 3039 Registrar's No. 252

1. ~~DATE OF DEATH~~ **DEC 1 2 1962**
a. COUNTY **Linn**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Brookfield**

Length of stay in 1b
55 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Pershing Hospital**

Inside Limits
Yes ☒ No ☐

c. CITY
OR TOWN **Brookfield**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
314 Macon Street

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
RALPH C. SEITZ

4. DATE OF DEATH
Month Day Year
December 5, 1962

5. SEX
M

6. COLOR OR RACE
W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
2-4-1885

9. AGE (last birthday)
77

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
ticket agent, ret.

10b. KIND OF BUSINESS OR INDUSTRY
Railroad

11. BIRTHPLACE (City and state or country)
Tower Hill, Ill.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Logan Seitz

13b. MOTHER'S MAIDEN NAME

Mary Kearns

14. NAME OF HUSBAND OR WIFE

Ruby Kent Seitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Mrs. R. C. Seitz, Brookfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary Arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH
3 hr.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Generalized arteriosclerosis

3 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)
None

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **12/4/62** to **12/5/62** and last saw her alive on **12/5/62**.
Death occurred at **3:00 a** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
R. C. Seitz

22b. ADDRESS
Brookfield, Mo.

22c. DATE SIGNED
12/6/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE
Dec. 8, 1962

23c. NAME OF CEMETERY OR CREMATORY
Rose Hill Cemetery

23d. LOCATION (City, town, or county)
Brookfield, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Wright Funeral Home, Brookfield, Mo.

25. DATE RECD. BY LOCAL REG.

12-6-62

26. REGISTRAR'S SIGNATURE

Anna Watson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

0595

20585

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7 **1**

8 **2**

9420.1

10

11

12-0

13-0

DEC 13 1962

JAN 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

H. B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.